

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL

10/531376

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/	/			
3		0	/			
4		0	/			
5		0	/			
6		0	/			
7		0	/			
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TOTAL IND.	/		/			
TOTAL DEP.	//	↔	//	↔	↔	↔
TOTAL CLAIMS	12	[REDACTED]	12	[REDACTED]	[REDACTED]	[REDACTED]

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.		↔		↔	↔	↔
TOTAL CLAIMS		[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]